

State of Tennessee
Department of Health
Bureau of Health Licensure and Regulation
Division of Health Care Facilities, Engineering Section
425 5th Avenue North, 1st Floor
Nashville, TN 37247-0508
(615) 741-6998
Fax: (615) 253-1868



(For Office Use Only)

State Project #: _____

PLANS REVIEW SUBMITTAL FORM

Description of Project: _____

Type of Project (check one): New Construction [] Renovation [] Addition []

Project Name: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Project Owner: _____ Telephone: () -

Contact Person: _____ Fax: () -

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Project Architect/Engineer: _____ Telephone: () -

A/E Firm: _____ Fax: () -

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Sprinkler Contractor: _____ Telephone: () -

Contact Person: _____ Fax: () -

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

.....
Construction start (approximate date): ____ / ____ / ____ **Construction completion** (estimated date): ____ / ____ / ____

Occupancy Type (as defined by NFPA *Life Safety Code* 101, 2000 edition): _____

Construction Type (as defined by *Standard Building Code*, 1999 edition): **I** **II** **III** **IV** **V** **VI**
(circle one)

One Hour Protected: **YES** **NO** **Sprinklered:** **YES** **NO** **Height:** _____ ft. **Number of Stories:** _____
(circle one) (circle one)

Building Area (outside wall to outside wall as defined by *Standard Building Code*, Section 202, 1999 edition):

New Construction _____ sq. ft. per largest floor **Existing Construction** _____ sq. ft. per largest floor

Total (all floors) _____ sq. ft. Total (all floors) _____ sq. ft.

Existing Building Construction Type: _____

.....
Certificate of Need? **YES** **NO** (If yes, attach copy of Certificate of Need.) **C.O.N. Expiration Date:** ____ / ____ / ____
(circle one)

Licensing Application & Fee Required? **YES** **NO** (If fee is required, it must be paid prior to review.)
(circle one)

Ship Approved Drawings to: _____

FED/EX # _____ UPS # _____ Other _____

In accordance with Rule 1200-24-5-.03(5) of the Rules and Regulations of the State of Tennessee, I hereby certify that, to the best of my knowledge and belief, the total construction cost (excluding land cost and site preparation) of this project will be:

(NOTE: The State reserves the right to request verification of costs.)

Estimated Construction Cost: \$ _____ **Fee Due** (see following table to calculate): \$ _____

Owner or Authorized Representative's Name (Type or Print)

Signature

Date

When calculating fee, round the construction cost up to the nearest one-thousand dollars (e.g., \$125,101.00 to 126,000.00). Submit two copies of plans and one copy of specifications sealed (with signature and date).

ESTIMATED CONSTRUCTION COST	TO CALCULATE FEE
\$ 1.00 to \$ 50,000.	\$260. minimum
\$ 50,001. to \$ 100,000.	\$260. for the first \$50,000., plus \$3.00 for each additional thousand or fraction thereof, to and including \$100,000.
\$ 100,001. to \$ 500,000.	\$410. For the first \$100,000., plus \$2.00 for each additional thousand or fraction thereof, to and including \$500,000.
\$ 500,001. and up	\$1,210. for the first \$500,000., plus \$1.50 for each additional thousand or fraction thereof, with a maximum of \$20,000.

CM/G6011115/ENG